

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

0519774  
1851274  
06/10/2005 DUL11102 00000001 071445  
Sale Ref: 00000001 DAY: 011445  
01 FC:1642

**REQUEST FOR PATENT FEE REFUND**

<b>1. Date of Request:</b> _____		<b>2 Serial/Patent #</b> _____		
<b>3 Please refund the following fee(s):</b>		<b>4 PAPER NUMBER</b>	<b>DATE FILED</b>	<b>6 AMOUNT</b>
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		<b>7 TOTAL AMOUNT OF REFUND</b>		\$
		<b>8 TO BE REFUNDED BY:</b>		
<b>10 REASON:</b>		Treasury Check		
<input type="checkbox"/>	Overpayment	Credit Deposit A/C #:		
<input type="checkbox"/>	Duplicate Payment	<div style="border: 1px solid black; display: inline-block; padding: 2px;">             9    <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> </div>		
<input type="checkbox"/>	No Fee Due (Explanation):			

<b>11. REFUND REQUESTED BY:</b> Adjustment Date: 06/10/2005 DWELIA2 01/10/2005 CFREY1 00000003 071445 18519774 TYPE: 0122 PRINTED NAME: _____		<b>TITLE:</b> _____
<b>SIGNATURE:</b> _____		<b>PHONE:</b> _____
<b>OFFICE:</b> _____		
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****		
<b>APPROVED:</b> _____		<b>DATE:</b> _____

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*